

Missouri Department of Mental Health

Division of Behavioral Health

Adult Community Housing Trends 2016

Purpose

- Housing Transformation for individuals with a mental illness
 - Medicaid funded residential services
 - Residential decentralization
- Challenges ahead

Community Housing History

Individual Apartments

Boarding Homes/RCFs



Budget crisis-2010

Inpatient Redesign

- ◆ Fulton State Hospital Ward Closures
 - Transfers of long term clients to other state facilities
- ◆ Closure of all acute state facilities and Emergency Departments

Action in response: Sea Change in Community Housing

- ◆ Alternatives to long-term hospitalization (VbG initiative)
- ◆ Alternatives to acute hospitalization (step-down/diversion)
- ◆ Medicaid Funding/Rehab vs. Habilitation
 - Eats & Sheets to Treatment/Goal Setting
 - Progress notes from observation to staff action

Intensive Community Psychiatric Rehabilitation-Residential

● Intensive Client Criteria

- Failed in multiple community settings
- Present an ongoing risk of harm to self/others
- Would be hospitalized or homeless otherwise
- Have extended or repeated hospitalizations
- Have crisis episodes
- At risk of being removed from home to more restrictive setting
- Require assistance in transitioning from highly restrictive setting, specifically discharged from inpatient psychiatric settings who require assertive outreach and engagement

Assessment & Treatment Plan

- Assessment must support intensive services
- Treatment plan to include goals, objectives and specify those carried out by ICPR-RES staff
- Frequency & Duration of encounters specified

ICPR-RES Services

- Offer intensive clinical interventions and supports to reduce symptoms of mental illness
- Intervene and redirect individuals who are in psychiatric crisis and exhibiting behaviors that are potentially dangerous to themselves or others
- Monitor points of ingress/egress
- Provide periodic room checks
- Assist with medications

ICPR-Res

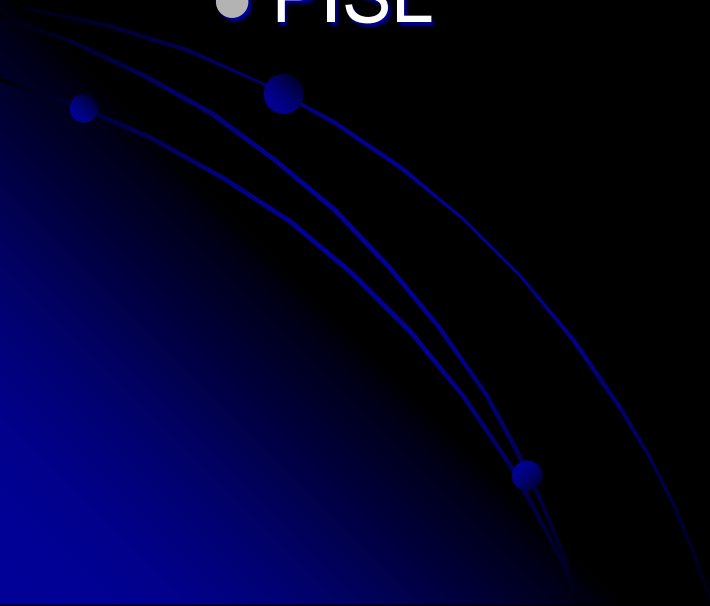
- Example Interventions of helping a resident:
 - if upset use coping skills
 - handle conflict with peer
 - make good choices managing money
 - practice communication skills giving feedback
 - learn to prepare meals
 - learn to do their laundry
 - understand the benefits of taking medication
 - practice time management skills
 - prompt to shower, brush teeth, wear appropriate clothing
 - make good choices managing diabetes, lose weight

Housing Models

- Intensive CPR-Residential (Medicaid)

Three service tiers:

- Clustered Apartment
- IRTS
- PISL



Intensive CPR-Residential

- Clustered Apartments
 - Up to 16 individuals receiving service-no limit on # of units in building
 - Licensed as semi-independent or not licensed
 - Unable to tolerate congregate settings-aggression, behaviors, relapse
 - Adequate ADLs
 - *Majority of services in community*

Intensive CPR-Residential

- Intensive Residential Treatment Setting (IRTS)
 - 5 to 16 individuals
 - Licensed as RCF or Group Home
 - Tolerate interaction with others
 - Significant ADL issues
 - Periodic redirection due to behaviors
 - Equal rehab services on and off site

Intensive CPR-Residential

- Psychiatric Individualized Supported Living (PISL)
 - 2-4 individuals
 - Licensed as Group Home
 - Difficulty tolerating others in common area
 - Difficulty with ADLs
 - Daily redirection due to behaviors
 - *Predominant rehab services on-site*

ICPR-Res

- Common characteristics of VbG contracted sites
 - 8 hours per week QMHP and RN, LPNs, rehab workers, community support staff, SU counselor
 - 2 staff day and evening, 1-2 at night, panic alarms
 - Breathalyzers, urinalysis dipsticks for conditional release testing
 - Alarmed exits, secured or alarmed windows
 - Surveillance on common areas, exits and outside gathering areas—7 days, except PISL

ICPR-Res

- Characteristics

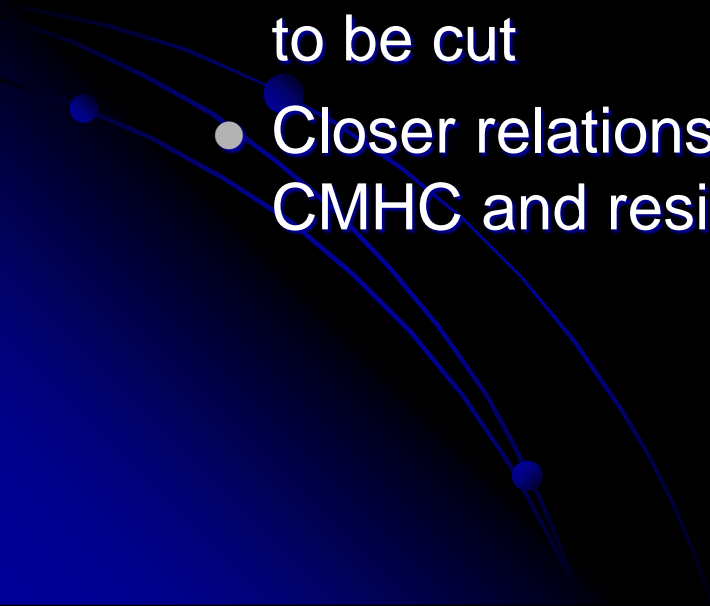
- Private rooms
- Smoking prohibited in residential structure
- Prohibition of flammables, sharps locked
- No physical restraint
- Med administration, not required in clustered apt
- Daily treatment team meetings/shift reports

ICPR-Res

- Characteristics

- Hourly documented checks-except clustered apartments
- IT, DBT
- Structured activities weekdays if not in PSR/employed
- Social/rec activities evenings and weekends

Residential Decentralization

- Moving funds from DMH budget to CMHC
 - Motivated by:
 - New Medicaid Residential Service-addition of federal funds
 - State funds being matched by federal funds less likely to be cut
 - Closer relationship and coordination of care between CMHC and residential providers
- 

Residential Decentralization

- 3 and 4 persons in a room-better options
- Changes in rates, flat, individualized
- Enhance housing array
 - Need for clustered apartments
 - Group area
 - Various staffing levels/24/7 not necessary
 - Integrated settings

CMHC Role

- Locate appropriate housing-least restrictive environment/Olmstead
 - Movement through VbG sites
- Relationship with housing agencies
- Monitor adjustment to community living
- Assist client to maintain housing-advocate
- Evaluate housing-potential hazards
- Outcome reports by type of living environment
 - Benchmarks and statewide averages

Future Challenges

Long Term Alternatives

- Elopement
- Assault
- Self-harm

- Youth in Residential Centers
- High Utilizing Adults
- Mental Illness/Intellectual Disability